## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/10/2008</u>	Address:	10503 S. U.S. 31
Case #:	43F26069		COLUMBUS, IN.
County:	BARTHOLOMEW		<u>I.OT 32</u>
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			check all that apply)
□ Operati     □ Chemic     □ Dumpsi	al/Glassware/Equipment (only)	<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc). (check all that apply)			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: IN RESIDENCE IN BEDROOM/BATHROOM, UNDER HOME BEHIND			
SKIRT, BEHIND GARAGE IN JAR.			
Water Reactive Metal (Lithium): <u>UNDER SKIRT</u>			
Aubydrous Ammonia: IN REACTION BEHIND GARAGE			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:	
This repor	t is to be faxed to the following ager	cies that serve the l	ocation:
Fire Depart	ment: ELIZABETHTOWN FIRE	Fax: 812-5	
Health Department: BARTHOLOMEW CO		Fax: <u>812-3</u> Fax: N/A	<u>79-1040</u>
Child Prote	ction Service: N/A	2 test   4 1/2 a	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.